



Animal Care Services
4710 State Highway 151, San Antonio, TX 78227
210.207.6669 office 210.207-6673 fax
www.saacs.net

For office use only!
Person ID# _____
Approved _____

Guardian Angel Application

Thank you for your interest in the San Antonio Animal Care Services Guardian Angel program.
Please fill out and return the application below to the Foster Coordinator.

Guardian Angel Information

Name: _____ Date: _____

Address: _____

Home Phone: _____ Cell Phone: _____

E-Mail: _____

Do you live in a house or an apartment? _____

Do you own or rent? _____

If renting, please list the name & phone number of your landlord: _____

How many people reside in your house? _____

Are any of them children? _____

Do you have a fenced yard? _____

Number of pets you currently have at home: _____

Please list all pets living in your household below:

Name	Type	Age	Sex	Altered	Licensed

Veterinarian's name: _____ Phone: _____

We will need to verify that all of your animals are current on their vaccinations. If your current pets are not vaccinated, Animal Care Services will assist you with this through our clinic.

The Guardian Angel Program is dedicated to placing healthy, adult, adolescent dogs and cats. Please let the ACS Foster Coordinator know if there is type of animal you are unable to take into your home.

- As a Guardian Angel, we ask that you participate in our adoption events by dropping off and picking up your angel. If you wish, you are more than welcome to volunteer at the event!
- Your Angel will need to visit our clinic for any check ups necessary to keep them healthy.
- As a Guardian Angel, you will be provided all the supplies necessary to care for your angel.
- I agree that all of the information I have provided herein is correct as written and I authorize the ACS Foster Coordinator to verify any information.
- We also require a copy of your driver's license to be attached to the application.

Signature of Guardian Angel: _____ Date: _____